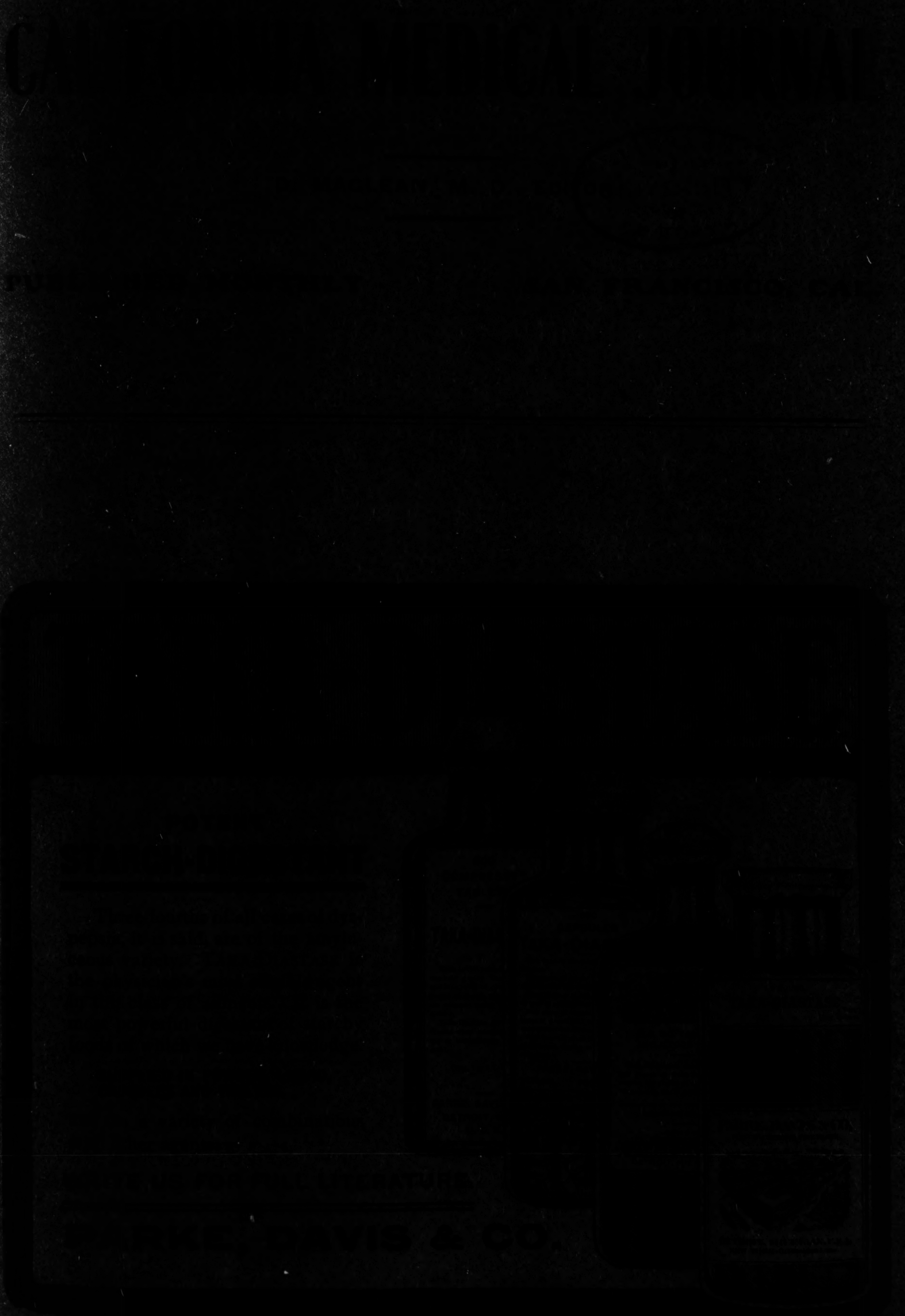
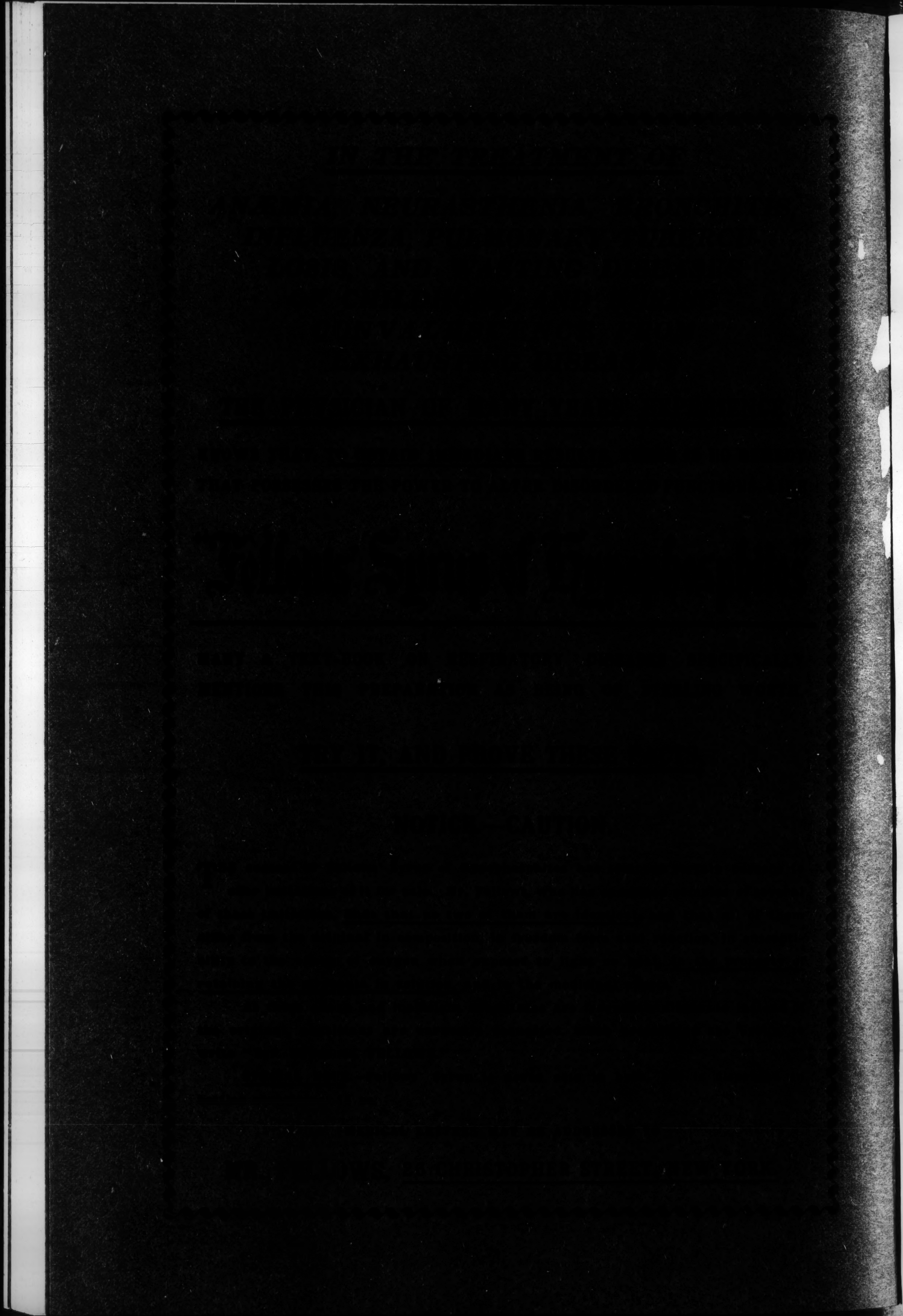


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CALIFORNIA MEDICAL JOURNAL.

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MAY, 1905.

No. 5.

The Spleen.

F. G. DE STONE, M. D.

(From a series of lectures delivered by the author.)

WE take up for our study this evening, the organ about which so much has been written and so little known—the spleen. It is a ductless gland, concave and oblong in form, and of a dark bluish color. Considering its size, it is the most vascular, i. e., it has a richer blood supply of vessels. It is about five inches long by about four wide and an inch and one half thick. It is situated on the left side beneath the ribs and below the diaphragm and it is attached to the latter by a fold of peritoneum called suspensory ligament; its upper inner edge is in close contact with the large end of the stomach, and its lower inner edge is in contact with the pancreas. It is supplied with nourishment by the splenic artery, which is a branch of the coeliac axis. Its venous blood is conveyed into the portal vein.

The cells of the spleen are from 1-7000 to 1-6000th of an inch in diam-

eter. Physiologically the spleen is not absolutely necessary to life; it has often been removed in animals, and accidentally in man without perceptibly diminishing health. There is much, yet little known about the spleen, though there are many wild conjectures in regard to it; it has been attacked by soul locators as the seat of the soul, thus vying with the solar plexus. I do not know whether elixir of life discoverers have made a prolonging fluid from it or not, but if they have not I do not suppose it will be very long before they do, as I see the suprarenal capsule is the latest organ that is supposed to yield a life preserver.

It is known that there are many more white corpuscles of the blood in the blood that comes from the spleen, than there is in the blood going into the organ and so the conclusion has been reached that they must be manufactured in the spleen; this seems to have some

weight, too, from the fact that we do know that from the red corpuscle of the blood is derived hæmoglobin, or the albuminoid that gives color to the blood, and that in the venous blood coming from the spleen there is a great deal of the material from which the bilirubin of the bile is formed, and red corpuscles furnish this material. It is also found that when the spleen is removed there is an enormous increase in the red marrow of bone, which is conceded to be one of the sources of the manufacture of red corpuscles of the blood; therefore, their increase here after removal of the spleen would indicate that this organ did most of this work.

Treatment of disease, like religions, is founded upon almost any conjecture, so one need not be surprised that this knowledge of the manufacture of red corpuscles in bone marrow should have been selected as a basis for a "pathy;" this is the foundation of osteopathy. Dr. Sill, who founded the school, taught that all the strength of the body was derived from the proper working of bones, they being the source of red corpuscles of the blood, and upon the proper working and adjustment of this part of the anatomy depended health, though his followers at the present time do not hold to that theory and are employing many other means in the cure of disease than the manipulation of bones. Their movements are a bunglesome parody on Ling's Swedish Movements and Massage; their treatment stands in relation to the treatment of disease by manipulation in precisely the same light as

does hypnotism to mesmerism. But they have been a "God-send" to the world just the same, and are curing many diseases; for, like mesmerism, manipulation having fallen into the hands of fakirs it had come into ill repute. Massage and Swedish movements in this country, at least, were mostly in the hands of ignorant people. An osteopath is obliged to learn anatomy and physiology and thus is competent to manipulate the body.

The cure of any disease is dependent upon restoring the proper movement of the molecules of a part, and whether you take medicine, water treatment, air, or sun baths, electricity, or the highest and finest vibration—the radio-energy of the mind, the action is one and the same, namely, motion; hence the statement made by Ling so long ago, "motion is the source of all life, and stagnation is death," is a truth, and as such will stand forever. The aim of all treatment, then, is to set up motion in the organs that have slowed their vibration.

Professor Schmitz (from whose physiology many of the statements in this treatise are taken) gives the functions of the spleen as follows: (1) As a diverticulum or reservoir of nutritious elements for the blood, to be used during fasting. (2) The broken up corpuscles of the blood impart the separated elementary substances to the venous blood of the portal vein, i. e., he means that the spleen takes not only the waste particles from the blood but also separates the hæmoglobin of the broken down red corpuscles and this is then filtered through the liver cells and

forms the bilirubin of the bile, and there is no doubt but other ingredients are also separated so that the liver cells can use them. (3) To have the function of selecting and aggregating fibrin factors, as shown by the fact that from four to six times as much fibrin is found in the splenic vein as is found elsewhere. Fibrin is that element of the blood that enables it to clot, and where this element is absent to any great extent the condition is called hæmophilia.

Some believe that the red corpuscles have their coloring matter and oxygen extracted and are thus changed into white corpuscles.

The spleen is capable of great distension, and therefore helps to relieve the portal vein from undue distension when the liver is not as active as it should be. It is large and distended after food is eaten, say two or three hours after, and it is also noted that it undergoes rythmical dilatation and contraction, the cycle of which occupies about a minute; very often if you will notice you can feel it below the ribs about two hours after eating, and as it is found contracted after fasting it is concluded that it gives up its surplus blood materials to the liver.

If we will reflect a moment it will not be difficult to see that if there is not some provision made for the accomodation of the superabundance of nutritive materials suddenly sent into the system after eating it might so distend the blood vessels as to burst them; on the same principle that a plumber puts a small tank on the roof of a house to lead the water into before connecting

it with the hot water boiler and other pipes, thus breaking the force or pressure in them. The spleen is, therefore, a safely-valve to prevent the tide of blood from doing damage. It stands in precisely the same relation to the blood vessels as do the governor balls on an engine to the steam in the boiler; when the steam pressure is sufficient to endanger bursting of the boiler these balls fly so fast that they raise a valve that allows the steam to escape.

People who habitually eat too much have enlarged spleens, the reason being that the liver becomes deranged from excess of work put upon it and the blood backs up in the portal vein, so that when the spleen has enlarged all that it can, not being able to store the excess of blood, then some vessel breaks in the brain and apoplexy is the result.

Apoplexy is, therefore, piggish gluttony in the majority of cases; the person loves the table too well; this is about as hard a pill to swallow as is the statement that one can not see the evil in another unless he has the thing in his own mind.

When from any cause the surface of the body becomes enfeebled as it does in malaria or ague, then the spleen enlarges. It is known that grief will enlarge the spleen, often times enormously; this is a statement in physiology but no answer is given as to the cause, so I am going to give a John Bovee Dod guess as to the cause, it being an excellent topic for mental science. Dod advanced the theory that nerve force is electricity, and since his time there has been many a bitter

quarrel as to whether this is so, or that nerve force is something different from electricity. Loeb and his colleagues, I believe, have decided that it is the same.

If electricity is the nerve force, then it is kept in balance largely by the force of the mind; we all know that fear causes a contraction of all the arterioles of the body, or less portions according as the shock is great or small, and it is true of all the disintegrating emotions or those emotions that tend to tear down the body. In grief the electricity of the surface and periphery of the body is sent back to the mind with such force that there is a contraction of not only all the arterioles but also those of the brain, and this drives the blood back to the only organ in the body used as a reservoir which is the spleen, consequently it enlarges to receive it. Yet, if you tell a medical man that the mind controls every function of the body, he will laugh at you and employ the only argument that ignorance knows to hide behind, namely, ridicule.

But the world is fast learning that ridicule is not argument, and there is

a spirit of inquiry seizing upon the people that ere long will sweep aside these cloggs to the wheels of progress. We demand of every one a reason for the faith that is in him; the demonstrator is the one that is being called for; instead of books and theories we want facts. How much have you demonstrated to day? Are you carping parrot like some man's theory of long ago, or are you stating strictly what you can do, and demonstrating it? This is what we want—let us get into the whirl of being, and BE spelled with capitals, and know that every thing that you can really be is just that much added to your oneness with the universal power.

You would much better be your own self, be it ever so circumscribed, than to ape some one else, or the grandest ruler the world has ever known, for only in what you can really BE, do you have any thing that is real—all else is sham. As the Episcopalians say "thus endeth the lesson" on the spleen, and it is to be hoped that none of you shall ever have enlargement of this organ from gluttony or by functioning the baser emotions of grief or fear.

The Individuality of the Lewis and Clark Exposition.

BY HENRY E. REED, SECRETARY.

THE salient characteristic of the Lewis and Clark Centennial Exposition, which will open at Portland, June 1, is individuality. By this is meant the quality of boldness of conception, originality of design and treatment,

organization and administration which distinguish the Centennial from other enterprises of its kind and establish it in a class by itself. Life, color, demonstration and motion are the chief feature of all departments. The pro-

gress of man, the development of industry, and the potentialities of nations in time of peace and their resources as war powers, have never been so well presented in a manner within the comprehension of the average human mind.

The Centennial is the only international exposition ever held on the edge of a continent, in a section of country relatively unknown, and sparsely settled, and withal, the most habitable of the world's unsettled regions. It is the only exposition ever held whose main purpose is to exploit the section of country in whose name it is given, and to call to the attention of those seeking to better their condition the advantages which that section offers to settlement and industry. It is the only exposition wholly national and international in scope and free from the aspects of localism, sectionalism and colonialism ever held at so great a distance as 3,000 miles from the federal capital of the nation, under whose auspices it is given.

It aims, among other purposes, to establish closer trade relations between more people than any exposition ever held. It is therefore appropriately named Lewis and Clark Centennial and American Pacific Exposition and Oriental Fair. Its chosen field for this commercial exploitation is Asia and Oceanica, on the western shore of the Pacific Ocean, and the United States on the eastern shore. These countries, considered collectively, have over 15,000,000 square miles of the earth's surface, 940,000,000 of its population, and they annually do about \$5,000,000,000 of the world's commerce.

The European and Oriental buildings are the first of their kind. At all previous expositions the European and Oriental exhibits have been distributed throughout a number of buildings, according to grouping and classification. At Portland this year Europe will be under one roof, likewise the Orient.

The state buildings will be a radical departure from the established custom of expositions. At other expositions, states, like private exhibitors, have been required to install their displays, if they wished to enter them in competition, in the regular exhibit buildings. At Portland states may erect their own buildings and install therein collective and competitive exhibits. This plan is better for the states in that it puts their exhibits in their own buildings, and at the same time permits their exhibits to be entered in competition for all prizes that may be offered.

In manufactures, liberal arts and varied industries Portland has the choicest of working exhibits. All are live, active displays, showing the progress of the world, and the processes leading up from the raw material to the finished product. The representatives of the exposition, who spent all of last summer and fall at St. Louis, selected the cream of the displays shown at the World's Fair. Not only that but they visited the great centers of industry in the east and personally solicited and procured some of the highest types of working exhibits which were not displayed at St. Louis.

In machinery, electricity and transportation, the rule of action which governs every exhibit is applied. Every

exhibitor to whom space has been allotted is expected to install upon it something novel relative to his exhibit and show its operation.

The Forestry building is in itself a life-working exhibit of the timber resources of the Pacific Coast states, which comprise the greatest timber region in the world. Constructed of huge logs felled along the Columbia river, it is the most unique and attractive architectural creation ever seen at an exposition.

No other exposition has ever had so expansive a water feature as Portland has in the 220 acres of Guild's lake. While only electric launches, gondolas and row-boats will be used, the water is deep enough to float many of the river boats engaged in inland traffic that make Portland their home port. In comparison with Guild's lake, the grand basins of former expositions will seem small indeed.

The location of the Government building and exhibit upon a peninsula in the middle of Guild's lake impart to the participation of the United States an individuality amounting almost to the holding of an exposition within an exposition. It would not be possible even to summarize what Uncle Sam will exhibit. Suffice it say that he will demonstrate to the satisfaction of all visitors his greatness in time of peace and his resources as a world power.

Originality, at which all departments strive, will characterize the amusement feature, known at Chicago as the Midway, and at St. Louis as the Pike. At Portland it will have a new name, and will be called the Trail. It is an H

shaped platform resting upon piling, extending out into the lake. Connecting the Trail with the government reservation will be a bridge of nations, modeled after old London bridge. The features of the Trail will be wholesome, amusing and instructive. "Hit the Trail" is the Slogan

Warships, ocean steamers, sailing vessels and transcontinental railroad trains pass the exposition grounds. A person so desiring, may board a train at the grounds and travel to any point in North America reached by railroad. Likewise, he may board a steamer or sailer and travel to any country in the world. Ocean and rail meet at the Centennial Exposition and are in themselves live, moving exhibits representing transportation.

Natural scenery of unsurpassed beauty is an asset that no other exposition has had. All visitors will want to see the Rockies, Yellowstone, the Columbia river, Alaska, Puget sound, Yosemite, Crater lake, the Pacific ocean and a thousand and one other points. There will be no need of Tyrolean Alps of artificial construction to impress the sightseer at the Centennial Exposition with the grandeur of mountain scenery. One may see from any point on the grounds the Cascade mountains and their grand snow peaks.

Electricity will be a cardinal feature. The view of the grounds at night with the buildings lighted up and the lake fringed with thousands of electric lights is something that must be seen to be appreciated. Description cannot touch it.

Music and fine arts, the habiliments

of advanced civilization, will have a commanding place. The exposition program calls for one continual feast of the sweetest and most harmonious music. The Innes, Liberati, Ellery, Dierke, Hawaiian, Mexican, Filipino and other bands will cause the exposition to be long remembered for its music. In fine arts the display is the most comprehensive ever attempted in western America.

Nowhere but on the Pacific Coast is it possible to create such a feature as the experimental garden presents. Here are found all the important crops of agriculture and horticulture, not only growing, but producing, thus forming a live working exhibit of the fertility and productiveness of the country. Many expositions have had this feature, but in none has it attained so great a

degree of success as at the Centennial. The grounds are universally conceded to be the most natural and beautiful exposition site ever selected. Their native beauty has been enhanced many fold under plans made and carried out by the director of works.

Summing up, let it be said that all is life, to which might be appropriately added, energy. And finally what better live, working exhibit for the country could be had than the construction now under way on the exposition grounds? Where but on the Pacific coast can large exposition buildings be built in the season commonly known as the dead of winter? Every man at work on the grounds attests the suitability of northwest climate and the superiority of the productiveness of his labor over the labor of the vast majority of his fellow workmen.

GOVERNMENT BUILDINGS.



The United States Government buildings at the Lewis and Clark Centennial are of a magnitude and splendor worthy of the nation and the occasion. There are five buildings in all, the main

structure being connected with three smaller ones by ornate peristyles, while the fourth smaller building, the United States Life Saving Station, is located west of the group, on the shore of

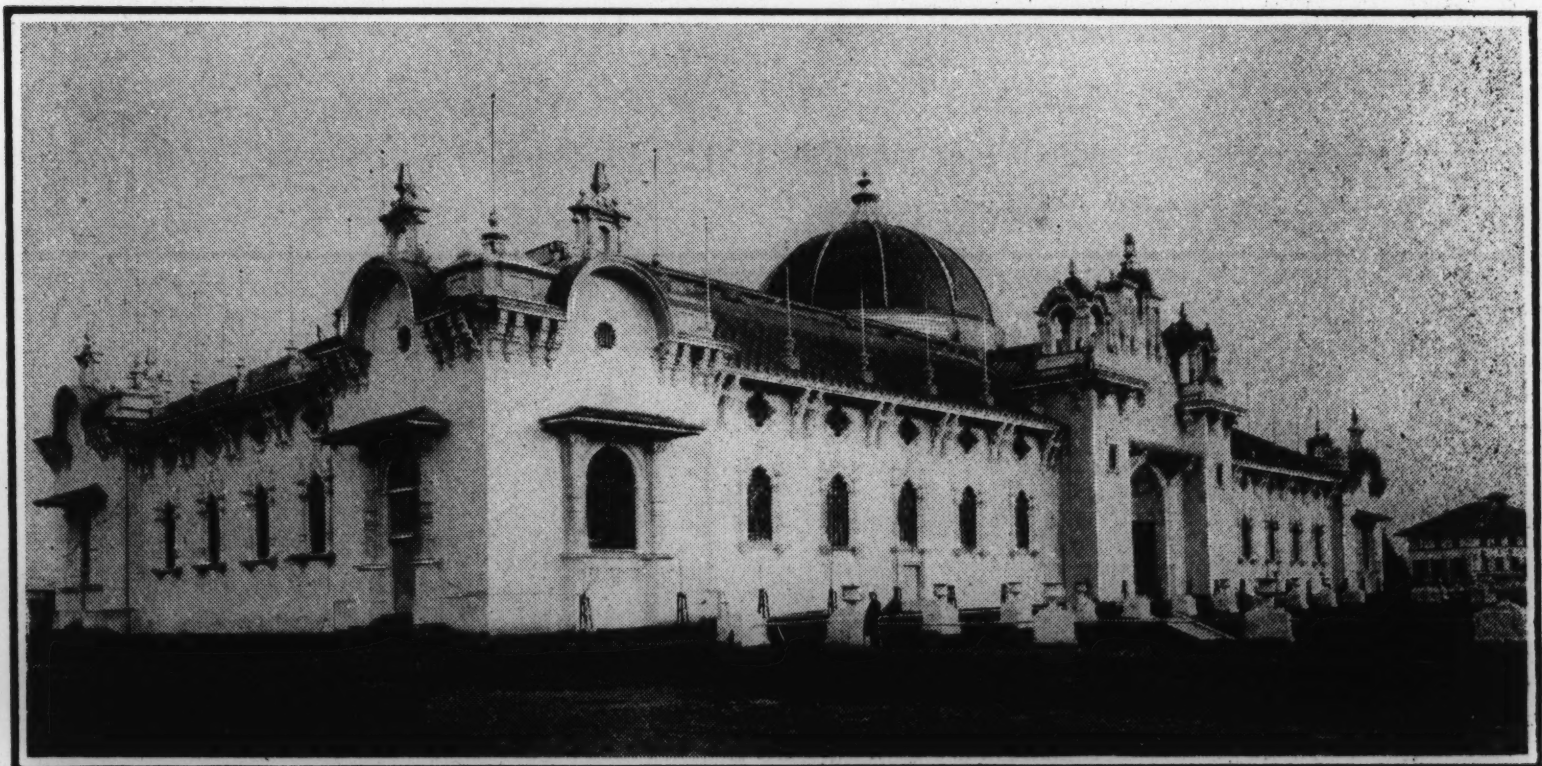
Guild's lake. The buildings cost \$250,000.

The front of the main building is spanned by five arches, each forty feet wide, supported by Corinthian columns 44 feet high. The building is graced by two towers, each of which is 260 feet high and surmounted by a dome. The roof of the main building is arched, the highest point being 130 feet from the ground, while at each end is a half dome. Constructed in the Spanish Renaissance style of architecture, in harmony with the other main exhibition palaces, the building is, from an architectural standpoint, one of the finest in exposition history. It is situated some little distance from the lake, which it

faces, and, being directly opposite Columbia Court, the main plaza of the Exposition, the view of the main exposition picture obtained from it is entrancing. The space between the building and the lake shore is occupied by beautiful sunken gardens, in which grow luxuriant tropical flowering plants, and flower gardens filled with the hardier but no less beautiful native flowers, including the rose, which has given Portland its name as the Rose City.

The Territorial pavilion is located to the west of the main building, and the Irrigation building to the east, the Fisheries building being behind the latter. The minor buildings are in the same style as the main structure, but with less ornamentation.

AGRICULTURE PALACE.



The Palace of Agriculture at the Lewis and Clark Exposition is the largest structure on the grounds, being 460 by 210 feet in size. A feature of the structure, is a great dome which rises from its center and which can be seen from every part of the grounds.

The dome is covered with green translucent fiber. Its great ribs and the finial which crowns it are thickly studded with electric globes, which at night shed a glow of light visible from many points in the city. The Agricultural building cost \$74,659.

FORESTRY BUILDING.



The Forestry Building at the Lewis and Clark Exposition is the unique structure of all expositions. It is a gigantic log house, exemplifying in its composition the forest wealth of Oregon and Washington. Besides being a timber exhibit itself it will contain all the finished products of the forest as well as the woods in their native state. In its construction two miles of five and six foot fir logs, eight miles of poles and tons of shakes and cedar shingles were used. The logs have been left in the rough with the bark on. The base logs of the building are six feet in diameter and fifty-two feet long. The logs above the base are three feet through and vary in length. Colonnades of immense fir trees thirty

feet high and six feet in diameter support splendid loggias or galleries over the main entrances. Picturesque balconies grace each end of the building. The portico over one entrance is supported by giant spruce trees and the other shows a colonnade of magnificent hemlocks that will be the marvel of all visitors. The upper part of the building is supported by cedar bark shingles laid 18 inches to the weather. An overhanging roof adds much to the attractiveness of the structure.

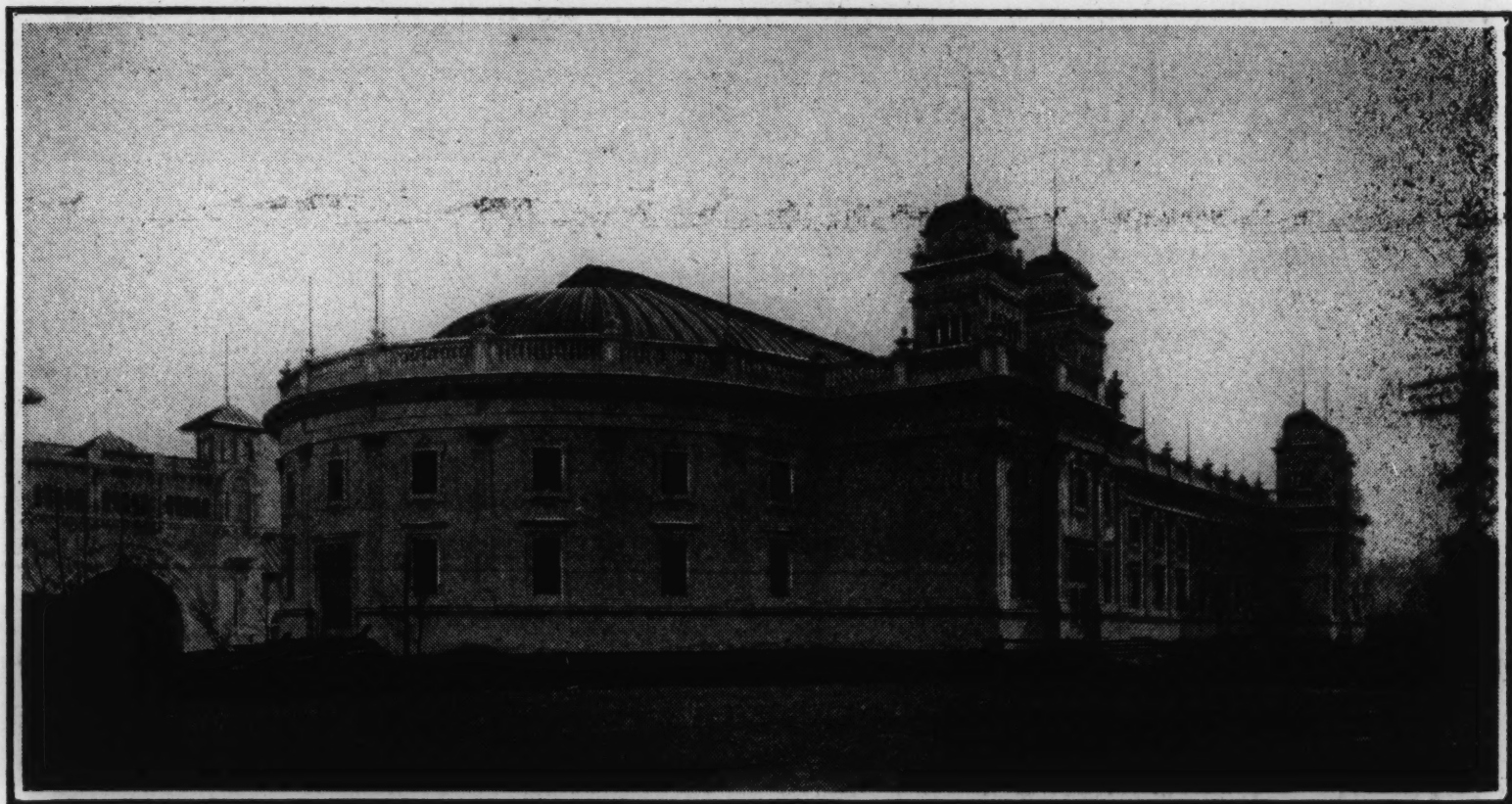
The interior of the building as well as the exterior will be an exhibit of the forest wealth of the northwest. Here a colonnade of 52 columns of fir and cedar trees 40 feet high supports the roof. Rustic stairways and inside

balconies running around the entire building enable the visitor to study the wonderful virgin display of native woods and other products of the forest.

In the construction of the Forestry building no carpentry work was employed, the logs being framed together with tree-nails and big old-fashioned wooden pins. The forest giants used were cut in the forest bordering on the

Columbia river. They were formed into rafts and floated down the Columbia and Willamette rivers into Guild's lake the natural grand basin of the Exposition. From the lake they were raised to the site of the building in Centennial Park by means of a big skidway, 1500 feet long. The distance traveled by the logs in the water was seventy-five miles.

ORIENTAL EXHIBITS PALACE.



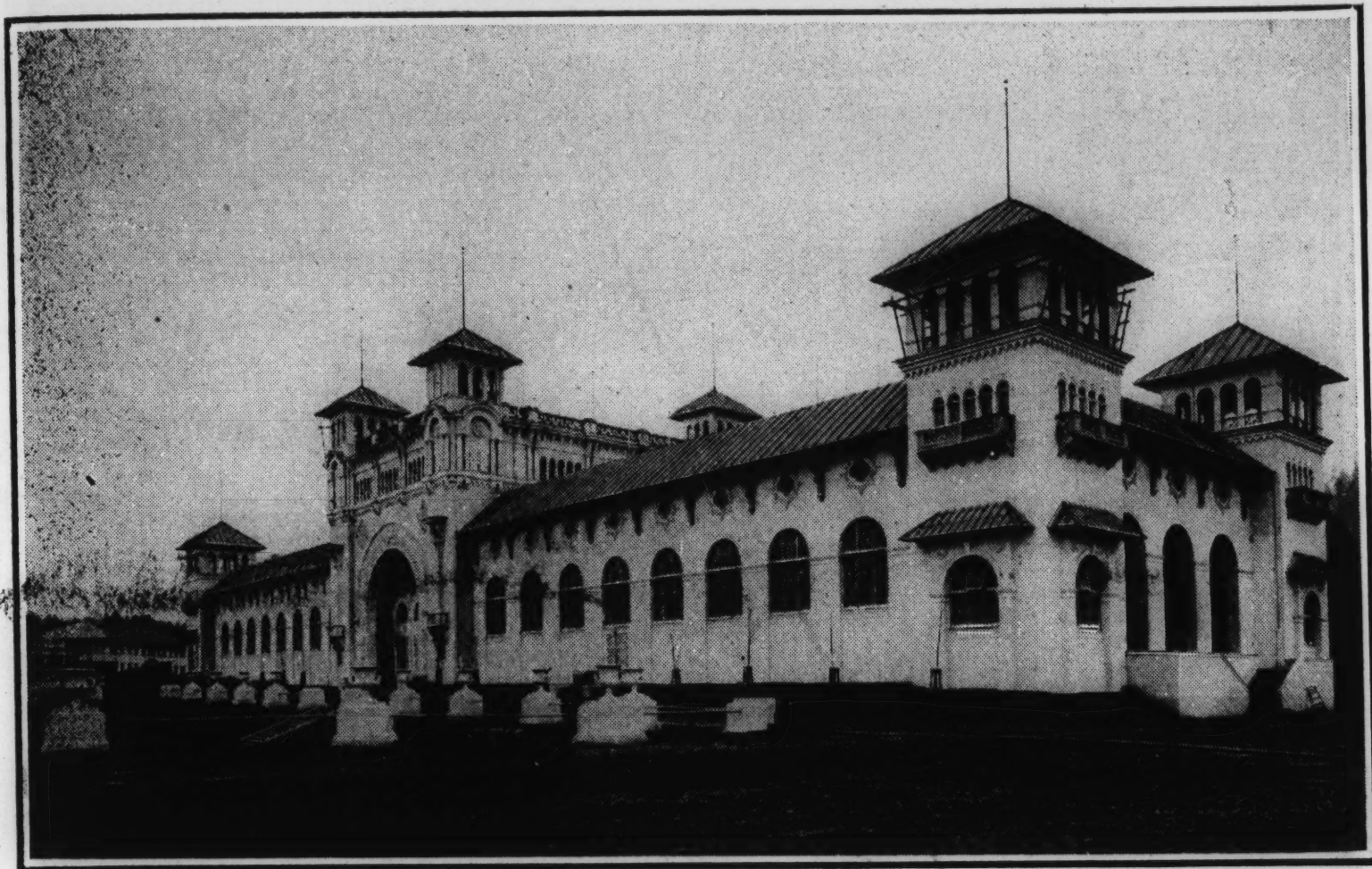
The Oriental Exhibits building, which contains all exhibits from Oriental countries, stands between the Forestry building and the European Exhibits building, its cream tints shining out in contrast with the dark brown of the former. The structure is 308 by 160 feet in size and cost \$55,425. The entrances are on the south, east and west fronts under lofty classic arches sweeping up to the roof with broad cornices.

The central part of the roof is a great half cylinder, terminating at the north end in an apex, a skylight all along the apex of the roof admitting abundant

light. At each corner are two square turrets, each of which has open arches overlooking small balconies. A tasteful balustrade surrounds the roof, and at intervals among its small columns are broad, square pillars, which support flags, poles and vases alternately.

The side walls are adorned with fluted Corinthian pilasters with ornamental capitals, and between each pair of them are windows in two tiers adorned in bas relief. The interior is one large central hall. Six broad stairways, one at each side of each entrance, lead to a gallery over the aisles.

EUROPEAN EXHIBITS PALACE.



The European Exhibits building stands on the left of Columbia Court, the central plaza of the Exposition, which is embellished by sunken gardens with perling fountains and beautiful exotic plants. The building is in the design of the Spanish Renaissance and possesses many graceful features. Each corner of the structure is set off by towers, having open arches on the sides guarded by ornamental balustrades. The main entrance is through a huge semi-circular arch. The face of the arch is richly adorned with flowers, vases and allegorical figures woven into a scroll of bas relief.

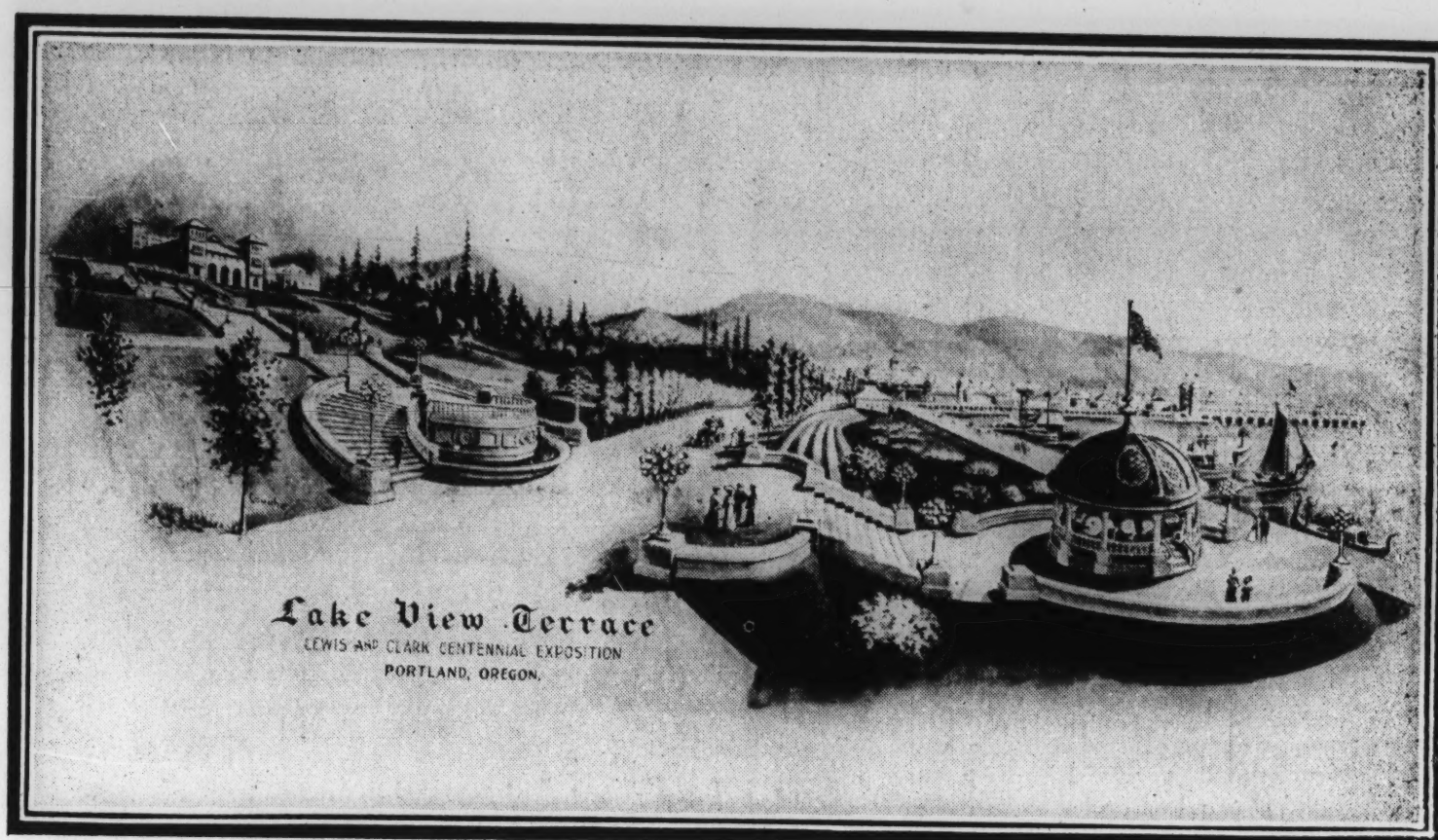
From the center of the buildings rises a huge square tower, topped on each corner by smaller towers. In the center is a roof garden, the sides of the tower forming a surrounding loggia. Here, during the Exposition, will be

located a first-class restaurant where one may dine, and view the surrounding scenery to good advantage. At each end of the structure between the corner towers is a broad vestibule divided into three arches by plain, square pillars. Each archway leads to a wide double door below a decorated classic window and above each arch is a highly ornamental quatrefoil window. The main walls are relieved by similar windows in the upper tier, the lower tier being of simple design.

Within the building broad stairways lead from each corner and the middle of the east and west walls to the towers, and roof garden. Ample light is furnished from skylights along the center of the roof.

The building is 100 by 462 feet in size and cost \$51,720. All exhibits from European countries are installed in this structure.

LAKEVIEW TERRACE.



Columbia Court, the central landscape feature of the Exposition, terminates on the north in Lakeview terrace,

which is one of the beauty spots of the grounds.

High Rectal Cancer.

BY CHAS. JEWETT, M.D.,

Read before the Brooklyn Gynecological Society, Feb. 3, 1905.

THE surgical diseases of the rectum must frequently be reckoned with by the gynecologist. Questions both of diagnosis and treatment in pelvic surgery are often concerned with them. In women by necessity they fall within the scope of gynecologic work. The special purpose of this paper is to report a case of resection of the bowel for cancer situated at the junction of the sigmoid and the rectum.

The most frequent situations of intestinal carcinoma correspond with those of fecal accumulation. Mechanical irritation is apparently a factor in the etiology. The commonest seat of

rectal carcinoma is the lower four inches of the bowel.

The growth is of the cylindric cell variety, and is very rarely multiple. Rectal cancer begins insidiously and it grows rapidly, especially when it attacks the upper part of the rectum. It tends to encircle the bowel, yet the ringlike formation is rarely complete. Obstruction may develop abruptly from invagination.

Early ulceration is the rule. Extension often occurs to adjacent structures and metastasis may take place to the liver and other organs. Usually the lymph glands are soon involved. First

invaded are those behind the rectum, and later those along the iliac vessels. The inguinal glands are implicated only when the disease is near the anus.

According to Allingham, the average duration of rectal carcinoma from the time it is first observed is two years. Yet how long it may have existed unobserved in a given case it is clearly impossible to know. Mathews says that patients may live four to six years after development of cancer in the rectum.

Diagnostic details I need not enter into at length. Malignant disease of the lower portion of the rectum should not escape early detection. The principal evidences of high rectal cancer are pain, hemorrhage, partial obstruction and palpable tumor. Pain may be intense or for a long time almost wholly absent. Hemorrhage is seldom profuse. Persistent discharge of bloody mucus is very significant. Tenesmus and difficult defecation are common. Occasionally the disease may progress with almost no symptoms till obstruction develops. Generally the relation of the tumor to the rectum may be made out in women by the usual method of bimanual pelvic examination. Fragments of the growth may sometimes be recovered from the stools for microscopic diagnosis. A tumor of the upper rectum which on ocular inspection through the rectoscope is found to be ulcerating, or which bleeds on touch, is almost surely malignant. Chronic diarrhoea in patients past middle life calls for a rectal examination. Benign adenoma, stricture of non-malignant origin, villous growths and polypi in general must be excluded.

Important in deciding the question of operability are the mobility of the tumor, as indicating comparative freedom of surrounding structures from invasion, and absence of metastatic deposits in the liver and other remote organs. Much involvement of lymph glands, while it does not preclude resection, clouds the prognosis. The same may be said of beginning extension to the uterus or bladder.

Four cases of carcinoma of the upper portion of the rectum have fallen under my care in the last two years. In one patient excision of the gut was practiced by the abdomen. The suture line was enveloped in gauze which was carried down into the vagina. This woman died on the third day after operation, of sepsis with little rise of temperature.

In a second case the abdomen was opened, but owing to the extent of the growth no further procedure was deemed advisable. In another, part of the rectum and of the descending colon was found involved and colostomy was performed to forestall complete obstruction. This patient died within six months from continued progress of the growth. The fourth case came under my care in December last by the courtesy of Dr. D. E. Callaghan, owing to a tumor in the retrouterine cul-de-sac about the size of a mandarin orange. The subject of the growth was a married woman, about 46 years of age, and never pregnant. One cousin had died of mammary carcinoma. With this exception there was no family history of malignant disease.

The patient had been previously well. Her present illness she dates from

April last, when she was abruptly seized with colicky abdominal pains. Similar attacks occurred subsequently at intervals of two weeks to two months, becoming gradually more severe. The paroxysms of pain were attended with nausea and sometimes with persistent vomiting. Defecation was difficult and mucus with, occasionally, bright blood, was passed in the stools. Pain was felt also in the sacral region. Various cathartics were freely used. Enemas returned as fast as injected. A fairly marked anemia had been observed for six weeks. The temperature was normal and the pulse 80. Hemoglobin, 70%.

Pelvic examination revealed a tumor behind the uterus which sprang apparently from the rectum and was fairly movable. A Kelly proctoscope was stopped just above the level of the lower peritoneal fold and the rectal mucosa at this point was sensitive and bled slightly on touch with a gauze sponge. The growth was purely malignant. Resection was performed in December last by the vaginal route, following substantially the technic of Murphy.

With the patient in Edebohl's position the cul-de-sac was opened by posterior vaginal section, permitting the exploration of the growth and the surrounding structures. A small quantity of cloudy serum escaped from the cul-de-sac. An unusually narrow vagina made the work difficult and further exploration was carried out through a short median abdominal incision. The tumor involved the upper part of the rectum and the lower portion of the sigmoid, reaching the level of the first

sacral vertebra. No other nodules in the gut and no enlarged glands could be detected. A light gauze pack kept the intestines out of the lesser pelvis. The field was exposed by the aid of anterior, posterior and lateral vaginal retractors. The posterior vaginal wall was incised through its entire extent in the median line. The vaginal wall was separated from the rectum on each side. The lower part of the rectum was laid open by a longitudinal incision through its anterior wall, including the sphincter. The gut was amputated one and one-half inch below the growth, the proximal segment packed with gauze and closed with forceps. The proximal end of the bowel was freed from its posterior and lateral attachments nearly to the sacral promontory. This was effected partly by blunt dissection, partly with scissors, dividing the mesentery far enough back to avoid cutting the superior hemorrhoidal vessels. Hemorrhage was controlled by hemostats and by ligatures. The sigmoid was drawn well down, the gut amputated two inches above the growth and the ends sutured. The incision in the lower segment of the rectum was closed by suture down to, but not including the sphincter.

Owing to signs of beginning shock the operation was not further prolonged. It was believed, too, that better drainage would be assured by leaving the vaginal incision unclosed and that union of the bowel would be promoted by leaving the sphincter open. The gauze was removed from the cul-de-sac and replaced with a light pack of fresh strip gauze. Gauze drains

were placed along each side of the rectum.

The patient rallied promptly. The maximum temperature in the first few days was 101° , and that but for a few hours. Subsequently it remained below 100° . Aside from moderate abdominal distension and gas pains, which were troublesome for three or four days, there was no complication. After the latter period the patient was free from discomfort. The gauze pack and the drains were removed after one week, the drains being renewed for a few days longer.

Union of the anterior wall of the gut failed partially, but the tract was lined with mucosa throughout. The bowel, together with the vaginal wall and the sphincter, were closed by secondary operation. The patient at this time was in much better general condition than before operation, and had gained materially in weight.

Until very recently malignant tumors of the upper portion of the rectum were regarded as practically inoperable. Mathews, even in the last edition of his work, is quite pessimistic concerning the value of resection. Most authorities to-day counsel extirpation in cases in which the growth has not invaded surrounding structures to too great extent, and in which there is no metastasis, provided again the general condition of the patient permits.

Of the various operative methods that have been practiced in high rectal cases the following may be mentioned: When the tumor is small it sometimes may be drawn down, excised, and the wound in the gut closed by a trans-

verse suture line. This has been done by several operators.

The Kraske operation, which sacrifices the coccyx, together with half of the lower portion of the sacrum, and consequently the attachments of the levator and sphincter ani muscles, has been variously modified with a view to preserving the muscular attachments by making osteoplastic flaps.

Rehn operates in two sittings, the gut being freed, drawn down, and the tumor exposed in the first, resection of the tumor being reserved for the second sitting, ten days later. This lessens shock and risk of infection.

A combined abdominal and perineal operation admits of a definite and satisfactory technic. Weir, through an abdominal incision, divides the gut above the tumor, draws the proximal end down through the distal segment, inverting the latter, amputates the loop above the growth, and sutures the ends before replacing it. Not all large tumors can be drawn through the distal segment in this manner.

A combined abdominal and sacral route is favored by certain German surgeons.

Opinions differ with reference to preliminary colostomy. Rarely it may be advisable, with a view to protecting the wound from infection by diverting the fecal current. In marked stenosis the condition of the patient usually is such as to forbid resection. Here a preliminary colostomy may relieve the immediate danger and gain time for putting the patient in condition for the more radical procedure. The inguinal

incision may be preferable to the median for purposes of exploration when required, since it prepares the way for colostomy should the latter for any reason be deemed necessary.

Permanent colostomy may be done as a palliative measure in certain in-

stances in which radical operation is contraindicated. For facility, for neatness and precision of technic, and for comparative freedom from mutilation, the vaginal method of extirpation offers obvious advantages, at least for the gynecologist, in suitable cases.—*Brooklyn Med. Journal*.

Remedies in Puerperal Infection.

D. MACLEAN, M. D.

THERE is a wide difference of opinion among obstetricians as to the proper methods to pursue in puerperal infection. When the routine treatment was douches and curettement with stimulating tonics it was a simple matter. To-day we have what might be called two schools. The one advocating douches, curettage and tamponning, the other leaving the uterus alone unless placental debris is left in the uterine cavity.

The use of antipyretics is generally condemned, yet the writer has given, with beneficial results, a few moderate doses of Kryofin in cases of high temperature, ranging from 103 to 104 degrees.

Most authorities agree that one curettage and one irrigation of the uterus is permissible. However, there is more injury done by curetting than by any other mode of treatment. My observation has led me to use a curette or an irrigator with caution—seldom using either, and preferring to irrigate with a rubber tube which produces no pain or injury to the organ.

Packing the uterus loosely with gauze,

saturated with equal parts of glycerine and ichthyol is a favorite procedure with many. A three percent solution of formalin in glycerine is also used.

Flushing the uterus with fifty percent. of alcohol has its advocates. All agree in the value of normal salt, either by rectum or hypodermically, but the use of 1-5000 formalin solution is doubtful if not injurious, as it has been ascertained by experiments where pus is injected that an animal will live longer when no formalin is used.

The anti-streptococcus serum has not been a success, though favorable results are sometimes obtained. The difficulty seems to be owing to the different varieties of bacteria which produce the infection, and no one serum is anti to all varieties.

Nuclein increases the leucocytes and destroys the germs and would appear to be a physiological remedy.

Whatever the line of local treatment adopted the constitutional must be supportive. Anything which stimulates the nervous system like strychnine, or increases vital force like echinacea is indicated in puerperal infection.

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CALIFORNIA MEDICAL JOURNAL,

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Editorials.

The Smart Set.

A friend called our attention to an article in the California State Journal of Medicine in which the writer deplores the bad spelling and writing of certain applicants applying before the Board of Medical Examiners for license to practice medicine.

If writing and spelling were a test of intelligence, Horace Greely, the most vigorous writer of his day would never have been the editor of the "Tribune." If writing and spelling were a test of medical knowledge how many would be found wanting. We know of no class of men who scrawl so badly as medical men, even among the best educated. Good writing and spelling are not confined alone to the smart set. Some common people write very well, and some write a good hand who are not overburdened with brains.

We have been fairly familiar with

the Board of Examiners since its present organization and we are very positive that no professor from a medical school examined on bacteriology. Any one so careless in his statement of facts would impugn the virtue of his own mother.

State Society Meeting.

The State Society meets in College Hall, San Francisco, May 23rd, and continues in session for three days. We hope the attendance will be large—that every member of the association will not only consider it a privilege but a duty to meet with his fellow practitioners, and exchange ideas which will be beneficial to himself and his patrons.

No excuse for apathy. The busy and wide-awake physician never neglects to avail himself of all opportunities to increase his knowledge or fails to impart to others what he has found to be useful. The stay-at-home is but a drone

in the hive of progressive medicine. He is living in the past, heeding not the present and regardless of the future.

There is work for our Society. Less than twenty-five percent of our licensees are members. Who can bring the strays into the fold? Who can wake the sleepers and set them to work?

College and Hospitals need fostering care. All should be interested in the general welfare of these institutions. The younger members should most of all be in evidence. They should step to the front and control the future of the Society. Youth is brave—youth is daring and courageous, and should do things.

Come one, come all—come and do things, and you will feel better that that you have done your duty.

Editorial Notes.

The Eclectic Medical College of New York graduates its class May 3rd.

N. W. Mallery has removed from the Crocker Building to 350 Stockton Street.

Dr. W. C. Bailey has moved his office from the Columbian Building to the Donohoe Building, room 307.

Dr. John P. Martin of Denver, has moved his office from 1309 17th St., to 4613 Josephine St.

Dr. G. D. Rich of this city has moved his office to the James Flood Building, Rooms 407, 409.

Dr. Kylberg of Maraposa has been

purchasing a complete outfit for a modern hospital. We wish the Dr. success.

Dr. Walsh of Loyalton has been taking in the sights and visiting old friends.

Dr. Perce of Long Beach, the President of the State Board of Medical Examiners, was in the city attending to the duties of his office.

The Eclectic Medical University held its seventh annual commencement exercises at Kansas City, Mo., April 21st.

Dr. W. F. Gates of Oroville made a call after his strenuous work in the legislature. The Dr. is one of the commissioners who represent the State at the Lewis and Clark Exposition at Portland.

Dr. Schmiedel of Hodson made a flying visit to the city, he reports a prosperous business.

Is carrying radium in a vest pocket for cancer, by a University President, less superstitious than carrying a potato for rheumatism, in the trousers pocket of an old farmer?

Dr. Frederick Wallace Abbott of Taunton, Mass., as attendant, consultant, or medicolegal expert for the defense, had, at the beginning of the sitting of the superior court just ended here, 28 cases involving suits for damages, 21 of which were listed for trial. Of those listed, six were disposed of—three by settlement and three by trial. This shows both the frequency of torts and the delays of law.

Board of Medical Examiners of the State
of California.

EXAMINATION IN ANATOMY
April, 1905.

1. (a) Give location of linea aspera.
(b) Describe great trochanter.
(c) Give attachments of ilio-femoral or Y-ligament.
2. Mention articulations of cuboid bone ; also of scaphoid or navicular bone.
3. Describe dorsal or posterior surface of scapula.
4. Give origin and insertion of supraspinatus muscle, also infraspinatus.
5. Give names and locations of four sets of valves of heart.
6. Give origins of right and left gastro-epiploic arteries.
7. Describe briefly the axilla with contents.
8. Mention four veins connected with portal circulation.
9. Illustrate by drawing or otherwise general scheme of optic nerves, tracts and chiasms.
10. Give origin and main terminal branches of great sciatic nerve.
11. What is meant by motor or Rolandic area of cerebrum. Define terms: decussation, arborization, neuraxon, dendrite and neuroglia.

Answer ten questions only, numbered as above.

CHEMISTRY.

1. Define and illustrate the terms: acids, bases, and salts.

2. Name the elements included in the calcium group and give their general characteristics.
3. Describe in detail the various allotropic forms of carbon.
4. Describe the various compounds of iron made use of in medicine and give their formulæ.
5. What is meant by the term organic synthesis? Give examples.
6. What is salol?
7. Describe the processes of the manufacture of ethyl and methyl alcohols and give their chemical properties.
8. Discuss ptomaines and lencomains.
9. Give the test for diacetic acid. When is diacetic acid found in the urine?
10. Name and describe the bile pigments.

BACTERIOLOGY.

1. Describe the bacillus of typhoid fever.
2. Describe the diagnosis of antinomycosis.
3. Give the morphological characters of the anthrax bacillus: First, in blood ; second, in bouillon.
4. Give the distribution of typhoid bacillus in the body during typhoid fever.
5. Define explicitly the following terms: First, pathogenic bacteria; second, saprophytes.
6. Describe the bacillus ærogenes capsulatus.
7. What micro-organisms are most frequently related ætiologically

to the development of surgical septicæmias?

8. Describe the hanging drop method.
9. Examination of cultures.
10. Examination of microscopic specimens.

PATHOLOGY.

1. Describe in detail the pathology of uterine fibroids.
2. Describe the lymphatic involvement in cancer of the tongue.
3. What laboratory methods may be of service in the diagnosis of cancer of the stomach?
4. Describe the lesions in perforation of the intestine in the course of typhoid fever.
5. What are endotheliomata?
6. What methods may be of service in the diagnosis of surgical nephritis?
7. Describe a test for diacetic acid, and state under what circumstances acetonuria may occur.
8. Examination of gross pathological specimens.
9. Examination of microscopic specimens (histological).
10. Examination of microscopic specimens (pathological).

MEDICINE.

1. Discuss the pathology of multiple neuritis, and enumerate the more common causes.
2. What are the four characteristic symptoms of exophthalmic goitre? give the supposed etiology.
3. What are the causes of fat-embolism other than fracture? Explain the cause of respiratory manifestations.

4. What would be a rational diagnosis in the following case: A young woman previously in excellent health, good family history, becomes ill, with headache, nausea and symptoms of catarrhal jaundice; a few days later she develops temperature and somnolence and shortly after becomes comatose and the jaundice becomes extreme, liver area diminished, urine dark, scanty, and contains casts, albumen, bile leucin and tyrosin?

5. Describe the physical signs of empyema, left chest with perforation into bronchus.
6. Give the diagnostic signs of insufficiency of the pulmonary valves.
7. What are the clinical symptoms that differentiate gout from arthritis deformans?
8. Give the physical signs of pelvic cellulitis.
9. Write a prescription for the relief of urgent symptoms arising in a case of arterio-sclerosis with mitral insufficiency, albumen and casts in the urine.
10. Describe and name two syphilitic skin lesions.

SOCIETIES.

The National Association for the Study and Prevention of Tuberculosis.

The plans for the annual meeting of the above association to be held in Washington, May 18 and 19, under the presidency of Dr. L. Trudeau, are now rapidly approaching completion. At

the general meeting of the association to be held on the morning of the 18th, addresses will be made by the president and the two vice-presidents, Dr. William Osler of Baltimore, and Hermann M. Biggs of New York.

At a general meeting to be held on the evening of the 18th, an address will be made by Mr. Talcott Williams, of Philadelphia, to be followed by the business meeting of the association. The afternoon of the 18th, and the morning and afternoon of the 19th, will be given up to the meetings of the sections, of which there are three:

SOCIOLOGICAL—Homer Folks, New York, chairman; Miss Lilian Brandt, New York, secretary.

CLINICAL AND CLIMATOLOGICAL—Dr. Norman Bridge, Los Angeles, chairman; Dr. Sherman G. Bonney, Denver, secretary.

PATHOLOGICAL AND BACTERIOLOGICAL—Dr. M. P. Ravenel, Philadelphia, chairman; Dr. D. J. McCarthy, Philadelphia, secretary.

The papers already announced promise an interesting and valuable series of meetings. The Sociological Section in addition to the report by the chairman will offer papers on *A Working Program for Associations for the Prevention of Tuberculosis, National, State and Local*, by Edward T. Devine, of New York; *Progress of the Sanatorium Movement in America*, by William H. Baldwin, of Washington; and *Infection in Transportation* by Dr. H. M. Bracken, of St. Paul.

The climatological and clinical program in addition to the address of the chairman includes a number of reports

and papers of particular significance. The report of the committee on clinical nomenclature under the chairmanship of Dr. Vincent Y. Bowditch, of Boston, will be discussed by Doctors Welch, Trudeau, Stengel and Vaughan. From a practical point of view there is probably no subject upon which agreement is more necessary than this and an authoritative pronouncement by a body of the authority of the national association is greatly to be wished.

The report of the committee on early diagnosis, under the chairmanship of Dr. Arnold C. Klebs, of Chicago, will be discussed by Doctors Osler, Janeway, Knight and Babcock. The role of climate in the management of tuberculosis is also the subject of a committee report by Dr. C. L. Minor, of Asheville, the chairman.

A symposium on the sanatorium treatment of consumption also promises matter of interest. Other papers are expected by Doctors C. L. Greene, of St. Paul; William S. Halstead, of Baltimore; C. F. Gardner, of Colorado Springs; Edward O. Otis, of Boston; S. A. Knopf, of New York; J. A. Wilder, of Denver; H. B. Loomis, of New York, and William Porter of St. Louis.

The pathological and bacteriological section will, naturally, be strictly technical in scope. An introductory address will be made by Dr. William H. Welch on *Channels of Infection in Tuberculosis*, which will be of general interest and value.

The final program of the meeting will be complete in the course of a week. Invitations have been sent to the various anti-tuberculosis organizations in

the United States to be represented by delegates at this meeting and a large attendance is expected. The printed papers resulting from a gathering of such authority as this should afford invaluable material in the campaign of education which is now being pushed throughout the country.

National Eclectic Medical Association.

The next meeting of the above association has been changed to June 27th, 28th and 29th.

Our headquarters will be the Grand Union Hotel, and the rates \$3.50 and \$4.00 per day. We have secured one of the finest hotels in Saratoga and the place for holding our meetings will be just across the street.

We have practically closed contracts with the various railroads for reduced rates on the certificate plan, definite announcement of which will be made in next month's Journal.

Saratoga Springs situated in the eastern part of the Empire State forty miles north of Albany and 190 miles north of New York City, is the natural watering place of America, and the most delightful summer resort in the world. Saratoga stands peerless in its health-giving mineral springs; in the beautiful drives, parks, and lakes; in the magnificent hotels; in the attractions provided for the entertainment of its guests. If you wish to drive, to "wheel," to sail, if you wish to stroll, or merely to sit and rest, Saratoga with its delightful drives, with its superb bicycle paths, with its beautiful lake, its broad piazzas from which one can watch the marvelous

panorama of elegant costumes and equipages and all that is most useful and beautiful in modern civilization, is the ideal spot. We are assured that we will be given an opportunity to taste of all these pleasures, then how can we resist the temptation to go.

Doctor! we will expect you to be there with your family. You owe it to yourself as well as Eclecticism.

H. H. HELBING,
St. Louis, Mo. *Cor. Sec'y.*

Wisconsin State Eclectic Medical Society.

The Twenty-eighth Annual Session of the Wisconsin State Eclectic Medical Society will convene at the Republican House in Milwaukee at 2 p. m. May 23rd, 1905. The program is not completed so that it can be announced at this time. The entertainment committee have arranged to have a theatre party on the evening of the first day, May 23rd, and there will be a good time generally.

J. V. STEVENS, Secretary.

N.B.—Be sure to get a receipt from the R. R. Co. for each ticket purchased that a reduction in rates may be obtained if possible.

The Fifteenth International Medical Congress will be held at Lisbon in April 1906.

At a meeting of the National American Committee, held at St. Louis last September, the officers and members were appointed to represent the Congress.

The Executive Committee appointed from this group were, Frank Billings, M. D., William Osler, M. D., Frederick

Shattuck, M. D., Abram Jacobi, M. D.; and J. H. Musser, M. D., Chairman.

Any communications regarding the presentation of papers at this Congress can be sent to Miguel Bombarda, Secretary at Lisbon; or to Dr. Ramon Guiteras, Secretary for this country, 75 W. 55th St., New York.

DR. PETTEY'S RETREATS.

We take pleasure in directing attention to the work of Dr. Geo. E. Pettey, of Memphis, Tenn., who has recently completed the treatment of 800 cases of drug addiction at his Memphis Retreat. He has also lately opened a branch of his work at Denver, Col., and another at Oakland, each of which is under the care of one of his assistants. These institutions were opened and are being maintained solely for the purpose of treating the Alcohol and Narcotic Drug Addictions by methods based upon the original investigations of Dr. Pettey and first published to the profession by him in 1901. (See *Therapeutic Gazette*, Oct. 1901).

It is stated upon good authority that the method of treatment introduced by Dr. Pettey removes these addictions from the list of almost incurable diseases and renders them the most certainly and readily curable of all the chronic ailments. In thus extending his work, the Dr. is making an organized effort to rescue from the irregulars a class of patients who have been neglected by the profession generally until they have almost ceased to apply to them for relief. These institutions are conducted upon strictly ethical lines and we bespeak for them the most hearty professional support.

The Journal of the American Medical Association, March 18, 1905, contains an article by G. V. I. Brown, A. B., D. D. S., M. D., C. M., entitled, "A System for the Surgical Correction of Hair Lip and Cleft Palate," in which the author describes a method of treatment, accompanied by illustrations and the histories of a large number of successfully treated cases. In his conclusions he says:

"It is too often taken for granted that more or less sloughing and pus formation must follow extensive mouth operations, and that surgical asepsis is impossible. In a sense, this must be admitted to be true, owing to natural anatomic obstacles to complete sterilization and the constant exposure to infection from so many sources, but notwithstanding all this, most gratifying results can be secured, and so nearly a true primary union obtained as to make its essential benefit the same even with extensive wound surfaces. With the periosteum stripped from the palate surfaces; incisions reducing circulation to the farthest safe limit; nasal secretions above in contact with raw surface; mouth secretions below, mixed, as often occurs, with gastric regurgitations, and vomited matter; only a comparatively thin veil of tissue bridging the space of the palatal separation of the bones, and at the velum, exposed to destructive influences at every movement of the tongue, or act of swallowing, it goes without saying that only the most rigid adherence to antiseptic surgical care could be effective.

Strong solutions of poisonous, or tissue destructive, germicidal agents are necessarily precluded in the mouth. Dilution in the oral fluids renders otherwise effective solutions of practically no benefit. The histologic character of the nasal, oral and pharyngeal mucous membrane surfaces renders sterilization

extremely difficult, and it has been conclusively proven, that animal fats, dead mucous cells and other surface coatings resist even powerful drugs to such an extent as to protect underlying bacteria, while germs on the immediate surface are destroyed. Mechanical cleaning, therefore, is a first necessity, and next to this, frequent use of non-toxic, or mild solutions of otherwise injurious germicidal agents. Preparatory preparation of the field of operation consists in scrubbing membranous, dental and other surfaces, removal or antiseptic care of teeth or roots, and at least temporary stopping of carious tooth cavities. My post-operative sheet-anchor is dioxogen⁶, which gives mechanical cleaning, in setting free the dead mucous cells and destroying the resistant nature of the intervening secretions, while at the same time it gives an immediate and powerful effect on bacteria in destroying their vital properties."

"6. I use dioxogen because in my experience it has proved the most uniformly free from acid of any of the preparations of $H^2 O^2$ commonly sold as such, and because an impure or a strongly acid solution must necessarily be absolutely prohibited when hourly treatments of the mouths of patients, many of whom are infants, is prescribed."

Report on Radiotherapy.

Kienbock (Archives of the Rontgen Ray) believes that every living tissue is subject to pathological change under the action of the Rontgen rays which is not due to a static electrical effect. It consists in degeneration and necrosis, and young and proliferating cells are especially affected. This degeneration can be detected by the microscope within a few hours after a

single exposure of medium duration. A longer exposure causes inflammatory changes accompanied by lesions of the walls of the blood vessels, after a definite lapse of time. The intensity of this dermatitis depends upon the penetration of the rays to different depths, which vary with the character of the tube employed, soft, medium, or hard. The action does not extend beyond the limits of the parts exposed to the rays. During the exposure there is no visible change in the tissue; the microscopical changes begin after a few hours, the clinical symptoms of dermatitis after one, two, or three weeks. In radiodermatitis five periods may be distinguished: those of latency, ascendance, acme, descendence, and after a period of many months, lesions may occur. The greater the dose of rays at one sitting the shorter the period of latency, the stronger the reaction, and the longer the duration of the dermatitis. There may be four degrees of exposure:

1. Latency of three weeks. No superficial inflammation of the skin, temporary loss of hair, shrinking of lupus nodules, exacerbation of pre-existing inflammation.

2. Latency of two weeks. Erythema, swelling lasting one or two weeks, loss of hair.

3. Latency of ten days. Redness, vesicles, excoriation and exudation, resolution in three or four weeks.

4. Latency of five to eight days. Discoloration, the commencement of necrosis, demarcation and ulceration, followed by scarring after six weeks or longer.

One year or eighteen months after a dermatitis of the second degree, the characteristic atrophy of the skin with telangiectases of the skin may occur. These late symptoms invariably follow an exposure of the third degree.

The author uses a coil which gives

a spark of 15 to 20 inches, a mercurial or an electrolytic break, with a regulating tube maintained at a medium degree of hardness. The maximum light of the tube is used, the tube being brought as near to the affected spot as possible, the exposure being limited to a few minutes. The surrounding skin is protected by a lead shield 25 mm. in thickness, covered on both sides with india rubber.

The dosage depends on the intensity of the light, the quality of the tube, the distance of the tube, the frequency of the break intermission, and the length of the exposure. The dose should vary directly with the duration of the exposure.

The dosage may also be estimated by Holtznecht's chromoradiometer, the amount of radiation absorbed by its disc being estimated in Holtznecht's units. A small normal dose will produce a reaction of the first degree in five minutes, and an absorption of x rays of about three Holtznecht's units.

A normal dose will produce a slight reaction of the second degree in five to ten minutes and an absorption of three to five Holtznecht's units. A large normal dose produces a strong reaction of the second degree in ten minutes, intensity five Holtznecht's units. A double normal dose is followed by a reaction of the third degree, duration fifteen minutes, intensity eight Holtznecht's units. Certain diseases may be cured by a single exposure, producing an acute radiodermatitis of the second degree. Dose, four Holtznecht's units, with seven minutes' exposure.

Some diseases require an acute inflammatory reaction every second month, others require a moderate exposure every week. Many diseases give better results if there is no inflammatory reaction. A degenerative action may be set up by a weak exposure once a fortnight. The healthy skin reaction

is not the same for all portion of the body, and is influenced by age and sex. A diseased spot is more sensitive than normal skin. Idiosyncrasy is not a frequent cause of Rontgen burns.

The microscopic appearances show that the Rontgen rays produce degeneration of the parenchymatous cells, and of the walls of the vessels, and acute or chronic degeneration with infiltration of the tissue, resulting in atrophy and scarring. There is also a stimulating effect on metabolism, as is seen in the cure of alopecia areata. There is also an arrest of itching and a suppression of pain.

The bactericidal power of x rays which has been recognized by experiments on cultures plays no part in Rontgen therapy, for the high intensity, twenty Holtznecht's units, which is necessary, is four times the normal dose.—*Charlotte Med. Journal.*

Quinine Without Ebriety.

When to such well-known drugs as antikamnia and quinine are offered to the profession it hardly seems necessary to indicate the special classes of affections which call for their use. Antikamnia is unquestionably a perfect substitute for morphine for internal administration. It has complete control over pain, while it is free from the undesirable after-effects of the alkaloid of opium. In cases of malarial fever the combination of antikamnia and quinine should be given as a prophylactic and cure. For all malarial conditions, quinine is the best remedy we have. But, associated with this condition, there is always more or less pain, and antikamnia will remove these unpleasant symptoms and place the system in the best condition for the quinine to do its work. There are a number of ailments, not closely defined, which are due to the presence of malarial poison. All

such conditions are greatly benefited by the use of "Antikamnia & Quinine Tablets," each tablet containing $2\frac{1}{2}$ gr. antikamnia and $2\frac{1}{2}$ gr. sulph. quinine. The antikamnia in these tablets not only relieves the pain, but prevents the ebriety or ringing sensation produced when quinine is administered alone. In headache (hemicrania), in the neuralgias occurring in anaemic patients who have malarial cachexia, and in a large number of affections more or less dependent upon this cachectic condition, the regular administration of these tablets is indicated.—*Medical and Surgical News*.

That Acetozone is a valuable germicide is demonstrated by its effects upon typhoid bacilli and cholera vibrios in river water. In their experimental work Freer and Novy (Contributions to Medical Research, p. 107) made the following tests:

a. A cylindrical glass-wool filter was prepared, and on it was placed a layer of Acetozone crystals, about 3 cm. thick. A bouillon suspension of typhoid bacilli *passed once through this filter yielded a sterile filtrate*, while control tubes gave the usual abundant growth.

b. A liter of tap-water was sterilized by heat and, when cool, a suspension of cholera or typhoid germs was added, the experiment being repeated several times. Ten to twenty milligrams (1-6 to 1-3 grain) of Acetozone was added and, after thorough shaking, portions of the liquid were taken out and planted in bouillon and agar which was plated. In each instance the cholera germs were destroyed completely in five minutes, and the typhoid germs in fifteen minutes by the extremely small quantity of Acetozone used. It should be observed that the addition of 10 mg. of Acetozone to 1 liter of

water represents a solution of 1 part to 100,000. Controls gave abundant growths, the plates yielding 600,000 to 800,000 colonies.

From the above experiments the authors draw the conclusion that pathogenic organisms are destroyed by extremely small amounts of Acetozone. They also suggest the practicability of this agent for the purification of contaminated waters, especially in connection with military operations. From other experiments it was found that even sewage can be rendered almost sterile by the addition of relatively small amounts of Acetozone.

Therapeutically Acetozone is being very widely used in the treatment of typhoid fever, intestinal diseases, notably summer diarrheas in children, in gonorrhea, suppurating wounds and infectious processes generally. It is prescribed in the saturated aqueous solution which is prepared by adding 15 grains of Acetozone to a quart of water, shaking thoroughly and setting aside for a couple of hours to hydrolize. Messrs. Parke, Davis & Co., who prepare Acetozone, are sending out printed matter to physicians containing reports of very gratifying results from the use of this interesting compound. Any physician who has not received a brochure can obtain one on request.

The Journal of the American Medical Association is perfectly correct when it states editorially in its issue of April 8, 1905, that its own observation of medical literature indicates that echinacea is being used far more than formerly, as Ecthol (Formula:—Each fluid drachm contains 28 grains echinacea augustifolia and 3 grains thuja occidentalis) has grown into almost universal use among physicians of all countries since it was first introduced to the profession some five years ago. Discussing echinacea in a recent issue of the Louisville Monthly Journal of Medicine

and Surgery, Dr. C. S. Chamberlin, of Cincinnati, writes as follows: "In my own experience, the results attending the use of echinacea have convinced me that there is no remedy of so great a value in the treatment of cases of septic infection, and I have repeatedly used it in the cases of septicemia following wounds of the extremities, which I am confident, by any other means of treatment, would have resulted in the loss of the limb and possibly of the life of the patient." He further recommends it to eliminate toxins and to alter conditions which favor suppuration and inflammation, as in the case of abscesses, ulcers, gangrene, bites of venomous insects and reptiles, tonsillitis, the exanthemata, eczema and psoriasis.

At the time I had charge of the medical department of the Taladega Furnace Company and the B. & A. Railroad Company of Alabama, I had under my observation some 1200 men and women. My stay there continued for nineteen months, and during this time I used very little calomel, and in its stead employed Chionia for liver troubles with the best results. It is not necessary to state individual cases, but I will say that no remedy can equal Chionia as an hepatic tonic in cases of yellow skin, loss of appetite and bowel derangement. Chionia can be depended upon in clearing up these various disturbances which usually accompany or follow functional disorders of the liver.

B. F. LAIRD, M. D.

Covington, Ky.

I have used and continue to use the preparation Seng with marked success, especially in cases of gaseous dyspepsia accompanied by irritable heart. I learn from my druggist that he has an increasing demand for it.

A. W. FISHER, M. D.

Altoona, Pa.

Sanmetto in Neurasthenia from Overwork in Intellectual Lines.

I have found Sanmetto useful in several cases of neurasthenia from overwork in intellectual lines, without being associated with sexual irritations or excesses. In those cases where it seemed to do the most good there was depression of energy, consequent upon exhaustion of the vital forces. As a tonic in such cases it has proven satisfactory in a number of instances.

M. W. VAN DENBURG, M. D.

Mount Vernon, N. Y.

Book Notes.

Diseases of the Heart.—By Edmund Henry Colbeck, B. A., M. D., etc. W. T. Keener & Co., Chicago, Publishers. Price. \$2.50.

This is the second edition of this very practical little book, and that it should be necessary in so short a time speaks well for the demand for the work. It has been revised and the already very interesting scope enlarged. It is one of the clearest and most practical of treatises for students and gives an excellent idea of the clinical features of heart disease.

The Effects of Tropical Light on White Men.—By Major Chas. E. Woodruff, A. M., M. D., U. S. A. Rebman & Co., N. Y., Publishers.

We have seldom had the pleasure of reading a more interesting book than this of Major Woodruff. It deals with the part played by the sun's rays in the evolution of blondness and nigrescence in man. The theory being that skin pigmentation is evolved for the purpose of excluding the actinic rays

which destroy protoplasm. The nearer the equator the greater the intensity of these rays, which accounts for the fact that Europeans will always fail to colonize the tropics. Blondness is a question of latitude and blonds tend to disappear when they leave the cold, dark regions which are their birth place. In the United States, according to Major Woodruff, the best places for blonds are the neighborhood of Tacoma and Seattle.

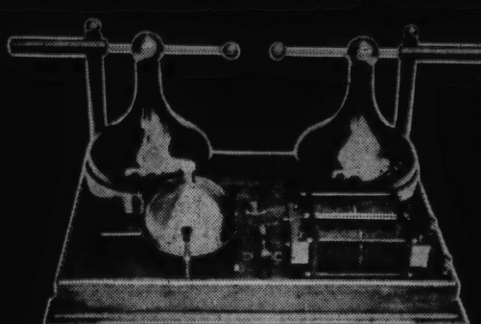
Read the book, it will interest you greatly and give you many new ideas.

International Medical Annual.—E. B. Treat & Co., 241 W. 23rd St., N. Y. Price, \$3.00.

While this Annual is intended for rapid reference, we think that any physician who reads it through will be amply repaid. It will place him so thoroughly in touch with all that has been done during the year past. There is an increase in size of the book this year necessitated by the many advances in medicine. Tropical diseases have come in for a great deal of attention, and a number of diseases described.

We have no doubt that it will receive its usual warm reception at the hands of the medical profession.

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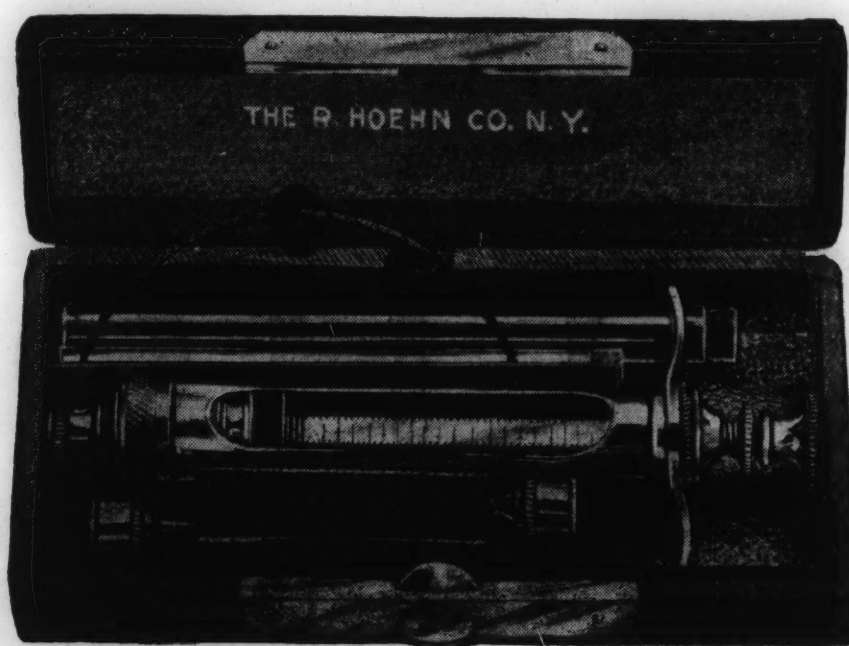
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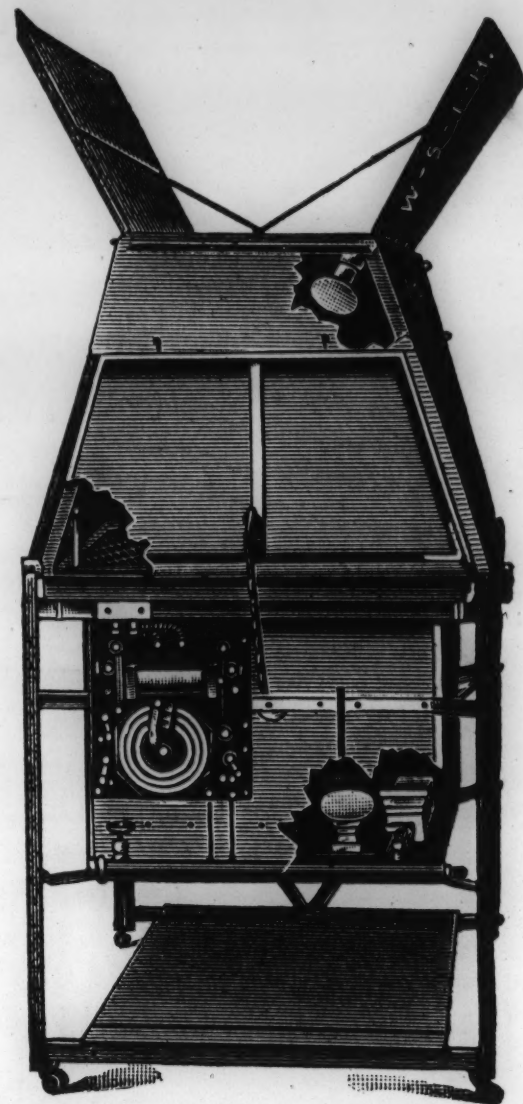
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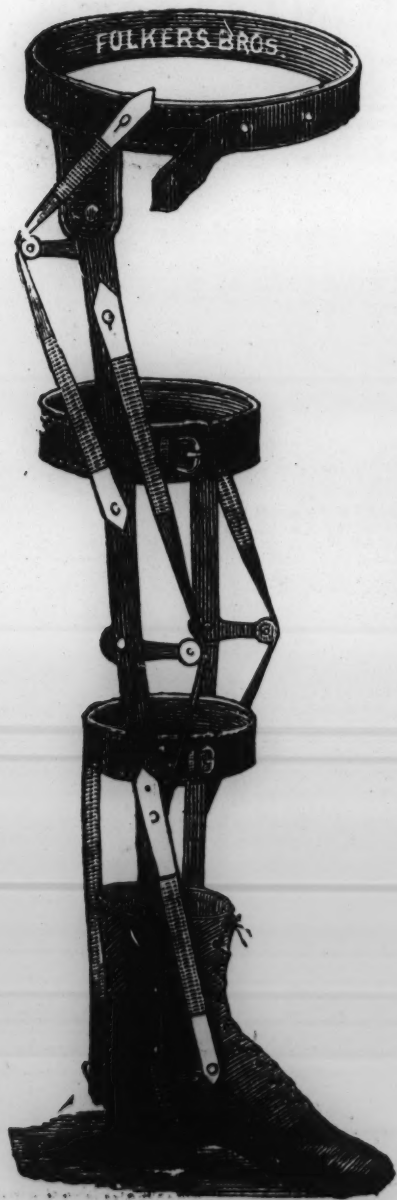
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PAPER

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Collinsonia Canadensis.

For some affections of the throat, Collinsonia is certainly a specific. It is such in so-called "minister's sore throat," or the laryngitis due to an over use of the speech organs. It is also efficient in chronic laryngitis, with change of voice, and in chronic bronchitis, when there is *irritation, congestion, and sense of constriction*. When these symptoms are present, Collinsonia has no superior as a remedy in certain forms of relaxed uvula, in pharyngitis, in hoarseness, in croup, and in whooping cough, as well as in ordinary cough of nervous origin. For these various uses it is administered in fair sized doses, as

R. Specific Collinsonia, - - - - - f $\frac{3}{4}$ j.
Simple syrup, - - - - - q. s. ad f $\frac{3}{4}$ iv.
M. Sig. Teaspoonful four or five times a day.

For its general tonic effect upon the digestive tract, Collinsonia is a remedy of no mean value in functional gastric troubles, atonic dyspepsia, constipation, anemia, chlorosis etc. However, next to its specific action in throat affections, we desire to suggest the use of Collinsonia in rectal diseases, and in troubles about the anal outlet. As an internal medicament in the treatment of hemorrhoids, Collinsonia has no equal, if the cases be well chosen. There is *irritation, constriction, congestion*, a feeling as though a foreign body of no small size were lodged within the bowel. There is heat, burning, and perhaps hemorrhage. It is also very efficient as an internal remedy in the relief of the disturbances due to rectal pockets, papillæ, ulcers, spasmodic stricture, etc. It is not surpassed by any remedy in these troubles, unless it be by operative measures. The latter are more speedy, but hardly more certain. The same is true of Collinsonia in certain cases of spasmodic contraction of the sphincter ani, and in general prostatitis.

As adjunct remedies to be used in combination or in alternation with Collinsonia, we should consider specific ipecac, powdered rhubarb, and either the second or third decimal trituration of sulphur, or the second trituration of podophyllin. Collinsonia should not be forgotten in reflex troubles due to rectal irritation. In this line we mention reflex cough, asthma, chorea, headache of a dull, frontal variety, and reflex cardiac affections. It is frequently a remedy in dysentery, and in cholera infantum, when there is much tenesmus, with *irritation, constriction and congestion*.

Collinsonia is highly recommended in certain functional urinary troubles, when the symptoms calling for it are prominent. It allays the irritation and gives speedy relief. Many times it is the remedy in incontinence of urine, in urethral or vesical hyperesthesia, and for minor gonorrheal disturbances. Because of this action it has been suggested as a remedy in gravel, calculus, in dropsy, and in varicocele. It is also a remedy for hemorrhoids, swollen genitals, pruritus vulva and ani of the pregnant female. By some it is recommended in certain cases of dysmenorrhea, amenorrhea, leucorrhea, prolapsus, etc.

The symptoms—*irritation, congestion, and constriction*—presenting in any case of whatever name or nature, call for Collinsonia. For use in rectal, anal, and genito-urinary diseases, the dose does not need to be as large as recommended above. Ten drops of the Specific Medicine to four ounces of water, and a teaspoonful of the mixture every hour or two, is sufficient for most purposes in these *liases*. Larger doses, however, are not followed by deleterious effects. Remember, that when *irritation, congestion, and constriction* are present, Collinsonia is the remedy, call the disease what you may.—*Editorial from the Eclectic Medical Journal*.

The above editorial concerns one of the most important Eclectic remedies. It is the subject of our sixteen-page descriptive Drug Study No. VII, which will be mailed free on application.—*Lloyd Brothers, Cincinnati, Ohio*.

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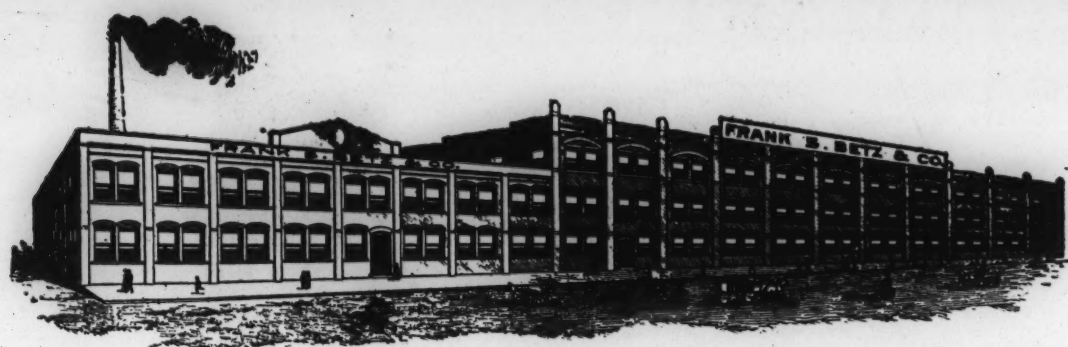
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